
Project Evaluation Form

Rank on the basis of 1 to 10 with 1 being the lowest and 10 being the highest

How many people will the project affect? _____

How well is funding leveraged? _____

What is the humanitarian benefit? _____

What are the long-term benefits of this project? _____

How comfortable are you with this project? _____

What is the risk of this project being successfully completed?
(List High Risk as 1, low risk as 10) _____

Total Score: _____

President's Checklist: _____

Date Review Completed: _____

Project: Approved Denied Returned for Additional Information

Comments: _____

Date Submitter Notified of Decision: _____

Date Treasurer Notified to Add To/Amend the Budget _____

Avenues of Service:

Peace Building & Conflict Prevention

Basic Education & Literacy

Supporting Environment

Maternal & Child Health

Disease Prevention & Treatment

Community Economic Development

Water Sanitation & Hygiene